

EXHIBIT “1”

NOTIFICATION OF FIRST TEMPORARY INCOME BENEFIT PAYMENT

DATE: 06/09/2006
TO: JOYA, JORGE
18415 LOST KNIFE CIRCLE APT 104
MONTGOMERY VILLAGE MD 20886
RE: Date of Injury: 05/15/2006
Nature of Injury: LACERATION
Part of Body Injured: MULTIPLE HEAD INJURY
Employee SSN: 217-61-9082
DWC #:
Carrier Name: Texas Mutual Insurance Company
Carrier Claim Number: 99G0000452359
Employer: A & A CABLE CONTRACTORS I
12506 ANN LN
HOUSTON TX 77064-1208

Your first payment of workers' compensation benefits for the period of 05/16/2006 to 06/12/2006 is being issued. The benefit payment is called "Temporary Income Benefits" (**TIBS**) and is paid weekly. Entitlement to TIBs begin after you have had lost wages for more than 7 days. TIBs began on 05/23/2006 which was your eighth day of disability. The TIBs weekly benefit amount of \$418.60 is based on the reported Average Weekly Wage of \$598.00.

Please inform us within **3 days** if you:

- Start earning income from the same employer, a different employer, or from self-employment; or
- Have any change in earnings resulting from your injury, either an increase or decrease; or
- Have an offer of employment at any wage level.

You are encouraged to contact your employer regarding any return to work program that will allow you to work within the restrictions prescribed by your treating doctor.

If you are expected to be paid benefits for a period of eight weeks or more, you may request that we make your benefit payments by electronic funds transfer directly to your bank account. Also, you may request that we change your TIBs from a weekly payment to a monthly payment.

Explanatory Comments: Initial payment of temporary income benefits from 5/16-6/12/06.
Waiting period is included.

If you do not agree with the amount of weekly income benefits being paid, please contact me:

Adjuster's Name: MICHAEL D. BATES
Toll Free Telephone #: (800) 859-5995
Fax #/E-mail Address: (512) 224-3889

If we are unable to resolve the issue to your satisfaction, you may contact the Texas Department of Insurance, Division of Workers' Compensation for further assistance. You have the right to request a Benefit Review Conference. You can contact the Division office handling your claim at 1-800-252-7031.

If you would like to receive notices such as this by facsimile or e-mail, please contact me and provide your facsimile number or e-mail address.

Please note that making a false or fraudulent workers' compensation claim is a crime that may result in fines and/or imprisonment.

CC JOYA, JORGE
A & A CABLE CONTRACTORS I

